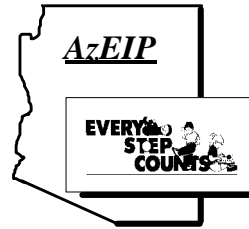


ARIZONA EARLY INTERVENTION PROGRAM
Arizona Department of Economic Security



CONSENT TO RELEASE OF RECORDS

Child's Full Name (First, Middle, Last)

Child's Date of Birth

Last 4 Digits of Child's SSN, if known

In accordance with the Family Educational Rights and Privacy Act of 1974 and 34 C.F.R. §99.30, I/we authorize the Arizona Early Intervention Program (AzEIP) of the Department of Economic Security to release early intervention records regarding the above named child to _____, whose address is _____

The records denoted below are to be released:

- | | |
|---|--|
| <input type="checkbox"/> Individualized Family Service Plan | <input type="checkbox"/> Functional Vision Assessments |
| <input type="checkbox"/> Developmental Evaluations/Assessment | <input type="checkbox"/> Nutritional Assessments |
| <input type="checkbox"/> Therapy Evaluations/Assessments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <input type="checkbox"/> Physical | |
| <input type="checkbox"/> <input type="checkbox"/> Occupational | |
| <input type="checkbox"/> Audiological Reports/Assessments | |
| <input type="checkbox"/> Psychological Evaluations | |

The reason for disclosure is: _____

Signature of Parent(s)/Legal Guardian(s) [only one required]

Date

Print Full Name of Parent(s)/Legal Guardian(s)